

County: Outagamie
GOOD SHEPHERD HOME
607 BRONSON ROAD

Facility ID: 3940

Page 1

SEYMOUR 54165 Phone: (920) 833-6856
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/03): 95
Total Licensed Bed Capacity (12/31/03): 95
Number of Residents on 12/31/03: 88

Ownership: Nonprofit Church/Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 91

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		21.6
Supp. Home Care-Personal Care	Yes					1 - 4 Years		53.4
Supp. Home Care-Household Services	Yes	Developmental Disabilities	1.1	Under 65	3.4	More Than 4 Years		12.5
Day Services	No	Mental Illness (Org./Psy)	27.3	65 - 74	5.7			-----
Respite Care	No	Mental Illness (Other)	2.3	75 - 84	31.8			87.5
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.2	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	5.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	3.4		100.0	(12/31/03)		
Other Meals	Yes	Cardiovascular	9.1	65 & Over	96.6	-----		
Transportation	No	Cerebrovascular	31.8		-----	RNs		11.1
Referral Service	No	Diabetes	2.3	Gender	%	LPNs		8.2
Other Services	Yes	Respiratory	1.1		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	15.9	Male	17.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	83.0			49.7
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	5	100.0	273	62	98.4	118	0	0.0	0	20	100.0	179	0	0.0	0	0	0.0	87	98.9
Intermediate	---	---	---	1	1.6	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	1.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	5	100.0		63	100.0		0	0.0		20	100.0		0	0.0		0	0.0	88	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	14.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	90.9	9.1	88
Other Nursing Homes	6.1	Dressing	4.5	85.2	10.2	88
Acute Care Hospitals	71.9	Transferring	13.6	78.4	8.0	88
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	15.9	69.3	14.8	88
Rehabilitation Hospitals	0.0	Eating	68.2	20.5	11.4	88
Other Locations	7.9	*****				
Total Number of Admissions	114	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	2.3	Receiving Respiratory Care	0.0	
Private Home/No Home Health	41.6	Occ/Freq. Incontinent of Bladder	63.6	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	30.7	Receiving Suctioning	0.0	
Other Nursing Homes	4.4			Receiving Ostomy Care	0.0	
Acute Care Hospitals	6.2	Mobility		Receiving Tube Feeding	2.3	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	8.0	Receiving Mechanically Altered Diets	11.4	
Rehabilitation Hospitals	0.0					
Other Locations	12.4	Skin Care		Other Resident Characteristics		
Deaths	35.4	With Pressure Sores	10.2	Have Advance Directives	98.9	
Total Number of Discharges		With Rashes	8.0	Medications		
(Including Deaths)	113			Receiving Psychoactive Drugs	58.0	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 50-99 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.3	92.0	1.04	87.1	1.09	88.1	1.08	87.4	1.09
Current Residents from In-County	78.4	85.9	0.91	81.0	0.97	82.1	0.95	76.7	1.02
Admissions from In-County, Still Residing	18.4	22.1	0.83	19.8	0.93	20.1	0.92	19.6	0.94
Admissions/Average Daily Census	125.3	138.9	0.90	158.0	0.79	155.7	0.80	141.3	0.89
Discharges/Average Daily Census	124.2	139.5	0.89	157.4	0.79	155.1	0.80	142.5	0.87
Discharges To Private Residence/Average Daily Census	51.6	64.3	0.80	74.2	0.70	68.7	0.75	61.6	0.84
Residents Receiving Skilled Care	98.9	96.1	1.03	94.6	1.04	94.0	1.05	88.1	1.12
Residents Aged 65 and Older	96.6	96.4	1.00	94.7	1.02	92.0	1.05	87.8	1.10
Title 19 (Medicaid) Funded Residents	71.6	55.4	1.29	57.2	1.25	61.7	1.16	65.9	1.09
Private Pay Funded Residents	22.7	32.6	0.70	28.5	0.80	23.7	0.96	21.0	1.08
Developmentally Disabled Residents	1.1	0.6	1.97	1.3	0.89	1.1	1.03	6.5	0.18
Mentally Ill Residents	29.5	36.2	0.82	33.8	0.87	35.8	0.82	33.6	0.88
General Medical Service Residents	15.9	24.3	0.65	21.6	0.74	23.1	0.69	20.6	0.77
Impaired ADL (Mean)	45.5	50.5	0.90	48.5	0.94	49.5	0.92	49.4	0.92
Psychological Problems	58.0	58.5	0.99	57.1	1.02	58.2	1.00	57.4	1.01
Nursing Care Required (Mean)	4.0	6.8	0.58	6.7	0.59	6.9	0.58	7.3	0.54